



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT MERCY HOSPITAL

City of Hospital: Elwood

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1308

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7085372
Outpatient Patient Service Revenue	\$65457156
Total Gross Patient Service Revenue	\$72542528

2. Deductions From Revenue

Contractual Allowance	\$46988059
Other Deductions	\$915858
Total Deductions	\$47903917

3. Total Operating Revenue

Net Patient Service Revenue	\$24638611
Other Operating Revenue	\$151934
Total Operating Revenue	\$24790545

4. Operating Expenses

Salaries and Wages	\$6082401	Employee Benefits	\$1951775
Depreciation and Amortization	\$943442	Interest Expense	\$398007
Bad Debt	\$0	Other Expenses	\$13424405
Total Operating Expenses	\$22800030		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1990516	Total Assets	\$15918000
Net Non-operating Gains over Loss	\$-209534	Total Liabilities	\$17441000

Total Net Gains	\$1780982
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$35725274	\$23199882	\$12525392
Medicaid	\$14977959	\$13219890	\$1758069
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21839295	\$11484145	\$10355150
Total	\$72542528	\$47903917	\$24638611

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$43090	\$-43090

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$57931	\$-57931

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	1305

Statement Six: Charity Statement

Hospital Charity Charges	\$5299285
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1589165	
HCI Payments	\$0		
Subtotal	\$0	\$1589165	\$-1589165
Medicaid Shortfalls	\$1758069	\$5384169	
Subtotal	\$1758069	\$6973334	\$-5215265
DSH Payments	\$0		
Subtotal	\$1758069	\$6973334	\$-5215265
Medicare Shortfalls	\$10820537	\$10731403	
Other Government Programs	\$0	\$0	
Total	\$12578606	\$17704737	\$-5126131

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$53240	\$-53240
Community Assessment	\$0	\$9666	\$-9666
Provision of Taxes	\$0	\$892533	\$-892533
Other Allocations	\$0	\$0	\$0

Comments